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SUMMARY OF INFORMATION (SOI)											
DOA's Certification Letter											
Prop	osed	Provider	Amount	\$							
Con	tract [	Pates	BA 22 Attached (✓) [								
$\checkmark$	Certification Requirements (Check applicable items)										
	1.	Either no employee of this agency is both competent and available to perform the services called for by the proposed contract and/or the services called for are not the type readily susceptible of being performed by persons who are employed by the State on a continuing basis.  A. We certify that there is no relationship or association between this Contractor and employees of this Agency which would be prohibited by the Code of Ethics (such as family relationships or business association), or which would give the appearance of affecting the judgment of employees in negotiating, monitoring or paying for this contracted service.  B. If the contract is with a state employee (either Civil Service or unclassified), ethics clearance has been received in order to ensure that there is no violation of the provisions of R.S. 39:1498 (A)(4).									
	2.	The services are not available as a product of a prior or existing professional, personal consulting, or social services contract.									
	3.	When applicable, the requirements for consultant contracts, as provided for under R.S. 39:1503-1507, have been complied with (proper documentation should be provided).  The using agency has developed and fully intends to implement a written plan providing for:									
		The assignment of specific Agency personnel to a monitoring and liaison function. Identify name of individual or staff unit responsible for monitoring this contract:									
		Name: Phone No.:									
		Location:  Summary of Monitoring Plan: This must include periodic review of specific reporting, or other indicia of performance, etc. (Additional pages may be The ultimate use of the final product of the services: (Specify)		exception							
	5.	Respond to questions A or B on all contracts except those funded by Oth	er Charges (34XX series	s) of Budget:							
		A. What critical services will go unprovided and to whom:  B. How many hours will the contractor have to work?	G (	,							
	6.	A cost-benefit analysis has been conducted, which indicates that obtaining these services from the private sector is more cost-effective than providing these services by the Agency or by a non-financial agreement with another state agency, to include both a short-term and long-term analysis.									
	7.	The cost basis for this contract was determined to be justified and reason Cost basis is:	able based on:								
	8.	The specific goals and objectives of this contract are: (Note: the goals ar measurable and time bound.)	d objectives must be cle	ear,							
	9.	The methods to be used to measure and determine contract performance									
		A completed monitoring report will be submitted to the Office of Contract termination of contract.									
	11.	For Personal, Professional, Consulting and Social Services contracts not have not been artificially divided so as to constitute a small purchase (not		e services							

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Yes	No	No Certification of Minimum Contract Content									
		Contains a date upon which the contract is to begin and upon which the contract will terminate.									
		2. Contains a description of the work to be performed and objectives to be met.									
<u> </u>		Contains an amount and time payments to be made.									
<u> </u>	1		Contains a descriptio							ole.	
			Contains a date of re							guage to effect	
		6. When a contract includes travel and/or other reimbursable expenses, it contains language to effect the following:						guage to effect			
		A. Travel and other reimbursable expens				ses shall constitute part of the total maximum payable					
		under the contract; OR				of all and the control of the control of the control of the little of					
		B. No more than (a certain sum) of the total maximum amount payable under this contract shall be									
		paid or received as reimbursement for travel and other reimbursable expenses; AND C. Travel expenses shall be reimbursed in accordance with Division of Administration Policy and									
		Procedure Memorandum 49 (The State General Travel Regulations).									
			Contains the respons								
		8. Contains the circumstances under which the contract can be terminated either with or without cause									
and contains the remedies for default.							d£ 4	م ( د / او د باد زیر نام و د			
9. Contains a statement giving the Legislative Auditor the authority to audit records of the firm(s).							ne individual(s) or				
			Contains an assignat	oility clause	as prov	ided for	under LAC-4:	4.			
			Budget Form BA-22,						t.		
Yes	No										
			Has adequate financi		es for pe	rformand	e, or has the a	ability to ob	tain such r	resources as	
			required during perfor Has the necessary ex		organiza	tion tec	hnical qualifica	atione ekille	and facili	ties or has the	
			ability to obtain them						and racin	iles of flas tile	
			Is able to comply with						ance sche	edule.	
			Has a satisfactory red								
			delinquent in current contract performance, considering the number of contracts and the extent of								
		delinquencies of each, shall in the absence of evidence to the contrary or compelling circumstances presumed to be unable to fulfill this agreement).							g circumstances		
			Is otherwise qualified				ward under an	pplicable lav	ws and rec	ulations.	
			A contract for consult								
		signed and placed in the contract file a statement of the facts on which a determination of responsibility									
			of offeror or potential								
		7. On subcontracting, it has been established that contractor's recent performance history indicates									
	Ш		acceptable subcontracting systems; or major subcontractors have been determined by the heads of he using agency to satisfy standard.								
	R.		ONSULTING CONTR			00 OR M	ORE OR SOC	IAL SERVI	CES CON	TRACTS	
F			0 OR MORE; UNLES	S DETER			AS PER ACT			39:1494.1 (A).	
						eria for	☐ Proposals	_	tinent	Selection	
	this includes (✓): Selection					on		Docum	ents	Memorandum	
Prepared By Approved & Submitted By									d By		
Name	,-						Undersecretary and/or Director and/or Assistant Secretary				
. 101110	-						re(s) (Requires			·	
Title											
Title: Signature:						л <b>с</b> :					
Ph. 7	#					Signature:					
Office					Office						
Prior Contract Information (Must be completed – If no prior contract, check N/A)											
Prior Year Services Provided By											
CFMS# DOA# Eff											
	π					1					
Term				Amount		\$		N/A:			